MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH62-032448 DEPARTMENT OF PUBLIC HEALTH AND WELFARE, XC-5162115 SL-28335 - 1-044 STATE FILE NUMBER										
DO NOT WRITE ON THIS STUB		ENDED	ı		egistration District No	l 				
VS 300	<u> </u>		$\overline{}$	7	a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence as COUNTY St. Lock's admit					
Rev. 4/59	AMENDED			_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR	side Limits				
1	₩ W				TOWN ST. LOUIS, MISSOURI 102 Days TOWN AFFTON C. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If curside, give location) Resi	ide on Farm				
4000,3A	DATE				HOSPITAL OR TENER A DAY TO ADDRESS OF THE COLUMN TO ADDRESS OF THE COLU	No □				
3				_3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	.962				
4 0				5	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR 1F1 Widowed Diverged 17.0-19-19-19-19-19-19-19-19-19-19-19-19-19-	UNDER 24 HP				
5 /					Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT	T COUNTRY				
6		1	1		Restruent Work e. even if retired) St. Louis Missouri USA					
7 0					artin Fitzgerald 13b. MOTHER'S MAIDEN NAME Hazel Noonan 14. NAME OF HUSBAND OR WIFE Ann Fitzgerald					
8 /				15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_				
9	1 1			- i	(ap, no, or unknown) ((f yes, give, war ar dates of service Yes and the service Ann Fitzgerald 739 //W/ON //	AL BETWEEN				
10 1			DOCUMENT		18. CAUSE OF DEATH (Enter only one cause per line flagger on the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE PULMONARY METASICES OF OSTEO-	AND DEATH				
11	2 O		000		GENIC SACOMA					
1293-0	, <u> </u>		Ď		Conditions, if any, which gave rise to above cause (a),					
13		╁┼╌	-		stating the under- lying cause last. DUE TO (c) OSTEOGENIC SACOMA OF LEFT ILEUM					
83	1 1			NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy in					
				CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of its	Unknow				
NC ON				· . I	PERFORMED? CONTROL CON	em 10.)				
NO N				MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m.					
USE BLACK INK OR PEWRITER RIBBON	, <u> </u>			~	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 5 farm, factory, street, office bldg., etc.)	STATE				
N 됐음 [READ				21. Nathered the deceased from 2:00 AM m. on the date stated above, and to the best of my knowledge, from the causes					
M RI	0 0				Death occurred atm on the date stated above, and to the best of my knowledge, from the causes	stated.				
USE BLACK OR TYPEWRITER	знопгр		T OF		M D	. DATE SIGNE 1 /62				
-			ΝĀ	23	Ba. BURTAL, CREMATION, 3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)				
	ON V		AFFIDAVIT	-34	REMOVAL JEFFERS ON BARRACKS AUG 14 / 962 NATIONAL CEMETERY JEFFERS ON BARRACKS LEUDIGRAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. SEGISTRAP'S SIGNATURE.	MO.				
	ITEM		Β,	Ö	Thomas Kutis 2906 Gravois AUG 13 1982 Hoard Smith. M.	<i>D</i> .				

STATEMENT BY LICENSED EMBALMER

or by	cely cermiy, mai		recorded on the reverse side of this certificate was embalmed by me,		
working und	der my personal s	upervision.	Signed Miles Signed Licensed Embalmer No. 486		
Student	Signature of	Student Embalmer			
مد سور		en ma	P.O. Address Clay to 5, Mo		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.